

Predictive modeling FAQs:

What is this process and why is MDCH implementing a Predictive Modeling system?

The goal is for MDCH to provide the best quality of care for all covered individuals. This includes monitoring the accuracy, appropriate coding and submission of claims for services provided. Predictive modeling is a way to insure that goal.

When does this process begin?

It will begin on 2/22/13. If there is documentation needed to take further action on claims currently suspending for this process, MDCH will send a documentation request. It may help providers to verify the correspondence address they have listed in their Provider Enrollment file so they can be clear where MDCH will be sending these letters.

How should a provider submit the requested documentation?

Documentation needs to be returned within 30 calendar days from the date of the letter. Records can be submitted to MDCH in one of the following formats:

- Fax toll free to 855-248-2333 using the Predictive Modeling cover sheet located on the MDCH web page for Medicaid providers.
- As an EZ link attachment. The message subject line must contain code word MDCHPM followed by the TCN listed in the letter received from MDCH.

What are the claim adjustment reason codes (CARC) and the remittance advice remark codes (RARC) related to predictive modeling which I can expect to see on claims which suspend in CHAMPS?

CARC 223 & RARC MA23

CARC 216 & RARC N10

CARC 125 & RARC N379

CARC 226 & RARC N102

CARC 16 & RARC N205

Providers requested to submit supporting documentation do not need a beneficiary signed consent.

Per the Medicaid Provider Manual, General Information for Providers Chapter, Section 15.4 it states: Providers are required to permit MDCH personnel, or authorized agents, access to all information concerning any services that may be covered by Medicaid. This access does not require an authorization from the beneficiary because the purpose for the disclosure is permitted under the HIPAA Privacy rule. Health plans contracting with the MDCH must be permitted access to all information relating to services reimbursed by the health plan. Providers must, upon request from authorized agents of the state or

federal government, make available for examination and photocopying any record that must be maintained. (Failure to make requested copies available may result in the provider's suspension from Medicaid.) Records may only be released to other individuals if they have a release signed by the beneficiary authorizing access to his records or if the disclosure is for a permitted purpose under all applicable confidentiality laws.

EZ Link Faxed Documentation

Documentation being sent via EZ Link Fax should be faxed separately with a cover sheet for each beneficiary submission so that the documents can be put in the proper beneficiary folder and indexed appropriately.